

IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SUPPLEMENTAL REPORT MUST BE MADE FOR EACH, AND THE NUMBER OF BIRTH STATED.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 153
County Registrar No.
Local Registrar No. 46

1. County of Gila
District of
Town of
or
City of Hayden

2. Full name of child MAXINE
KELLY
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
3. Sex of Child Female
To be answered ONLY
event of plural
births.
4. Twin, triplet or other
5. No., in order of birth
6. Legitimate?
7. Date of birth July 9 1927
Month Day Year
If child is not yet named, make
supplemental report, as directed.

8. FATHER
Full name David Kelly
9. Residence (Usual place of abode)
Hayden Ariz
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 39 (Years)
12. Birthplace (city or place)
Mifflon
(State or country)
13. Occupation Laborer
Nature of Industry Copper mill

14. MOTHER
Full name Mary Susan Drummond
15. Residence (Usual place of abode)
Hayden Ariz
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 38 (Years)
18. Birthplace (city or place)
Birmingham
(State or country)
19. Occupation Housewife
Nature of Industry

20. Number of children of this mother
(Taken as of time of birth of child herein
certified and including this child.)
(a) Born alive and now living 9
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against oph-
thalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
(Born alive or stillborn) at 6 A.M. on the date above stated
Signature Charles H. Hurd
(Physician or midwife)
Address Hayden, Arizona

Given name added from
a supplemental report
Month, day, year
42 8 - 709-444
Registrar
Filed July 16, 1927
Local Registrar
County Registrar